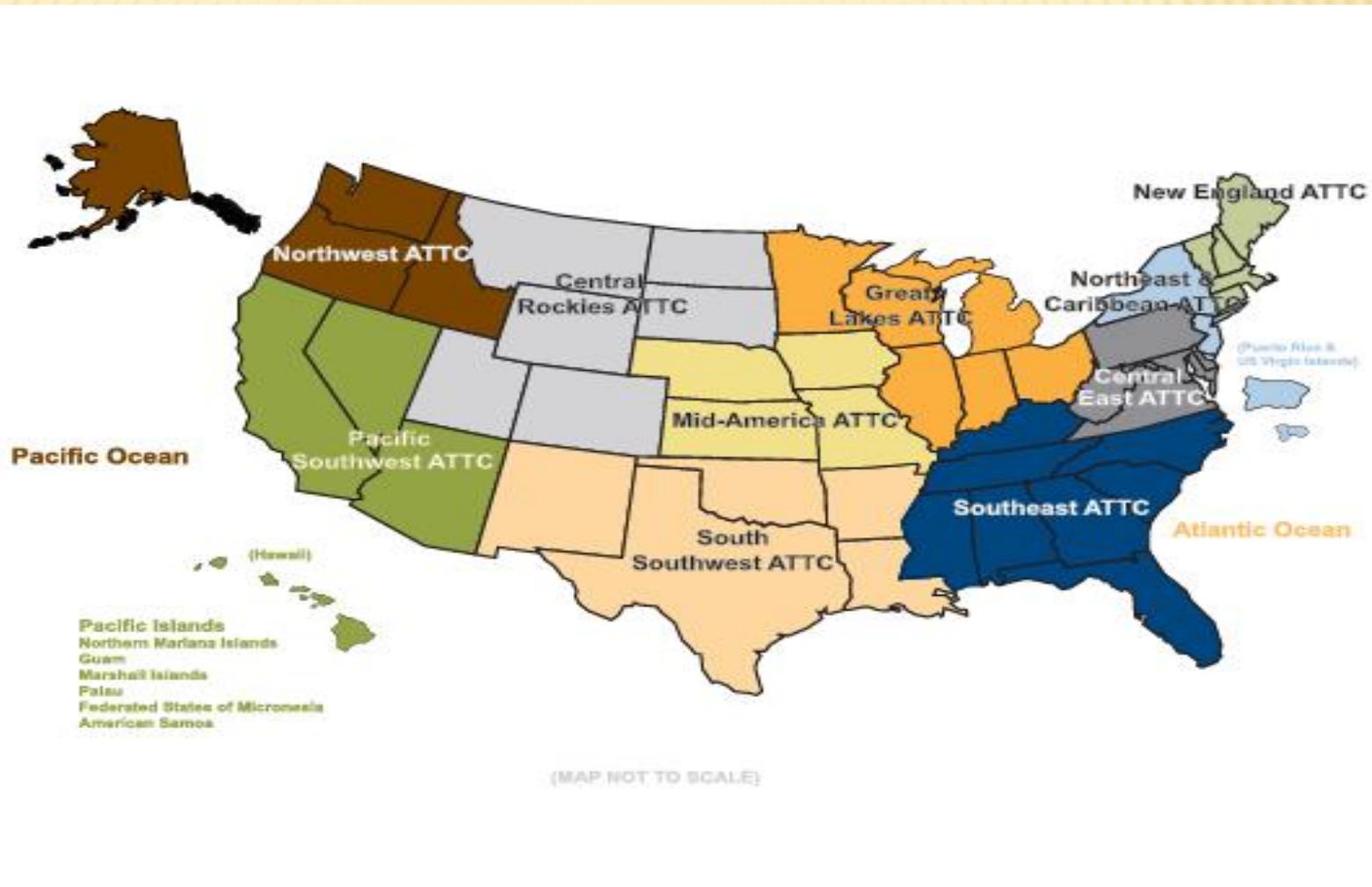


THE “WHAT” AND “HOW” OF EVIDENCE BASED PRACTICES (EBP)

ATTC NETWORK (2013-2017)



SOUTHEAST ADDICTION TECHNOLOGY TRANSFER CENTER (SOUTHEAST ATTC)

Southeast ATTC is one of 10 Regional and 4 National Focus resource centers for addiction-related information funded through by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Southeast ATTC, located at the National Center for Primary Care at the Morehouse School of Medicine in Atlanta.

ATTC PURPOSE

- ✘ Raise awareness of evidence-based and promising treatment and recovery service practices,
- ✘ Build skills to prepare the workforce to deliver state-of-the-art addictions treatment and recovery services, and
- ✘ Change practice by incorporating these new skills into everyday use for the purpose of improving addictions treatment and recovery outcomes.

LEARNING OBJECTIVES:

- ✘ Become familiar with utilizing the “Change Book” for implementing a comprehensive strategy for implementing a practice change
- ✘ Discuss barriers and challenges to implementing a practice
- ✘ Discuss various frameworks for evaluating a practice
- ✘ Describe evaluation criteria to existing evidence-based practices to determine “fit” for your region or agency
- ✘ Describe the necessary steps for successful implementation of an evidence-based practice



One day Alice came to a fork in the road and saw a Cheshire cat in a tree.

“Which road do I take?” she asked.

His response was a question:
“Where do you want to go?”

“I don’t know,” Alice answered.

“Then,” said the cat, *“it doesn’t matter.”*

Lewis Carroll
Alice in Wonderland

The Change Book

A Blueprint for Technology Transfer



ATTCnetwork.org

[www.attcnetwork.org/priorityareas/techtrans/
tools/changebook.asp](http://www.attcnetwork.org/priorityareas/techtrans/tools/changebook.asp)

A DEFINITION OF “TECHNOLOGY TRANSFER”

A multidimensional process that intentionally promotes the use of an innovation.

Technology transfer begins during the development of an innovation, continues through its dissemination, and extends into its early implementation. This process requires multiple stakeholders and resources, and involves activities related to the translation and adoption of an innovation. Technology transfer is designed to accelerate the diffusion of an innovation.

TEN STEPS FOR TECH TRANSFER

- ✘ Identify the need
- ✘ Organize the team to address the need
- ✘ Identify the desired outcome
- ✘ Assess the organization readiness
- ✘ Assess the specific audiences targeted
- ✘ Identify the approach that has “best fit”

TEN STEPS FOR TECH TRANSFER (CONT.'D)

- ✘ Design an action and maintenance plan for your change initiative
- ✘ Implement the action and maintenance plans
- ✘ Evaluate the progress of your initiative
- ✘ Revise action/maintenance plans based on evaluation results

***JUST BECAUSE A PRACTICE
OR INNOVATION HAS AN
“EVIDENCE BASE” DOESN'T
NECESSARILY MEAN IT'S
RIGHT FOR YOUR REGION OR
AGENCY.***

***Develop a sense of
where you need to go
before you begin the
process of
implementing an
evidence-based
practice.***

A COMPREHENSIVE IMPLEMENTATION STRATEGY WILL INCLUDE:

- ✘ Policies that accommodate (and encourage) evidence-based practices
- ✘ Supportive system administrators
- ✘ Committed agency directors (willing w/ conviction)
- ✘ Skilled clinical supervisors
- ✘ Opinion leaders who are convinced
- ✘ Skilled service/front line staff
- ✘ Opportunities for staff/client input (*feedback loop*)

FIND YOUR NEEDS...

- ✘ Consumer satisfaction survey results
- ✘ Staff surveys and feedback
- ✘ Strategic plans
- ✘ Formal needs assessments
- ✘ Focus groups with staff/consumers
- ✘ Key informant interviews

***IS YOUR REGION OR
AGENCY READY TO
BEGIN THE PROCESS OF
IMPLEMENTING AN
EVIDENCE-BASED
PRACTICE?***

**THE TASK OF ASSESSING
THE READINESS OF YOUR
REGION OR AGENCY IS
PART OF THE
PREPARATION STAGE OF
EBP IMPLEMENTATION.**

ASSESSING YOUR ORGANIZATION'S READINESS FOR CHANGE

ITEMS FOR DISCUSSION AFTER COMPLETING THE INVENTORY

- ✘ What is your organization's level of readiness, and does this score match your experience of your organization?
- ✘ What aspects of your organization rank highly?
- ✘ What aspects of your organization would require additional support or resources?
- ✘ Who (job titles) in your organization would need to complete this self-assessment in order for it to be accurate?

WHAT ARE “EVIDENCE-BASED PRACTICES”?

“Interventions that show consistent scientific evidence related to preferred client outcomes.”

A GENERAL FRAMEWORK FOR CONCEPTUALIZING AND EVALUATING EVIDENCE-BASED PRACTICES

- × Gold Standard or First Tier
 - + Multiple randomized clinical trials
- × Second Tier
 - + Consensus reviews of available science
- × Third Tier
 - + Expert opinion based on clinical observation

TWO SPECIFIC FRAMEWORKS FOR EVALUATING A PRACTICE OR INNOVATION

- ✘ NREPP: SAMHSA's National Registry of Evidence-Based Programs & Practices (196)
 - + <http://nrepp.samhsa.gov/>
 - + Useful for assessing whether or not an intervention is an EBP
- ✘ IOWA Practice Improvement Collaborative (PIC) Criteria
 - + <http://iconsortium.subst-abuse.uiowa.edu/webportal/>
 - + Useful for assessing whether or not an intervention is the right one for your region or agency

2008 South Coast ATTC Compendium of Evidence Based Practices

Access it at the same website as the Change
Book

NREPP: SAMHSA'S NATIONAL REGISTRY OF EVIDENCE-BASED PROGRAMS & PRACTICES

- ✘ Provides **descriptive information**
- ✘ Evaluates the supporting science in terms of the **quality of research**
- ✘ Provides an indicator or measure of the intervention's **readiness for dissemination** (and thus readiness for adoption)

NREPP: SAMHSA'S NATIONAL REGISTRY OF EVIDENCE-BASED PROGRAMS & PRACTICES

× **Descriptive information includes:**

- + Areas of interest (e.g. AOD or MH)
- + Demonstrated outcomes
- + Population descriptors (ages, sex, races, etc.)
- + Settings (OP, home, community, urban vs. rural, etc.)
- + Implementation history
- + Funding sources
- + Adaptations
- + Adverse effects
- + Costs

NREPP: SAMHSA'S NATIONAL REGISTRY OF EVIDENCE-BASED PROGRAMS & PRACTICES

- ✘ **Quality of research measures-** reviewers are doctoral level and have a strong background in methods of evaluation. Ratings are from 0-4 in each of the following categories:
 - + Reliability of measures
 - + Validity of measures
 - + Intervention fidelity
 - + Missing data and attrition
 - + Potential confounding variables
 - + Appropriateness of analysis

NREPP: SAMHSA'S NATIONAL REGISTRY OF EVIDENCE-BASED PROGRAMS & PRACTICES

- ✘ **Readiness for dissemination measures-**
reviewers are consumers of service, service providers, or experts in the field of implementation. Ratings are 0-4 in each of the following categories:
 - + Availability of implementation materials
 - + Availability of training and support resources
 - + Availability of quality assurance procedures

NREPP IS CONCERNED WITH EVALUATING PRACTICES AND INNOVATIONS AND PRESENTING THEM IN A WAY THAT ALLOWS PROVIDERS TO REVIEW, EVALUATE AND DETERMINE WHETHER THE PRACTICE IS APPROPRIATE FOR THEIR REGION OR AGENCY. IT DOES NOT TELL YOU, HOWEVER, WHICH PRACTICE YOU SHOULD USE FOR YOUR SPECIFIC REGION OR AGENCY.

**SAMPLE NREPP
INTERVENTION:**

**MOTIVATIONAL
INTERVIEWING**

IOWA PIC GUIDELINES

Practice Improvement Collaborative (PICs) were concerned with adaptations and fidelity when implementing an intervention.

IOWA PIC CRITERIA

- ✘ The practice has at least one randomized clinical trial that has shown this practice to be effective.
- ✘ The practice has demonstrated effectiveness in several replicated research studies using different samples, at least one of which is comparable to the treatment population of our region or agency.

IOWA PIC CRITERIA (CONT'D)

- ✘ The practice either targets behaviors or shows good effect on behaviors that are generally accepted outcomes.
- ✘ The practice can logistically be applied in our region or agency.
- ✘ The practice is feasible for our region or agency: It can be used in different formats (e.g. group), is attractive to third party payers, is low cost, and training is available.

IOWA PIC CRITERIA (CONT'D)

- ✘ The practice is manualized or sufficiently operationalized for staff use. Its key components are clearly laid out.
- ✘ The practice is well-accepted by providers and clients.
- ✘ The practice is based on a clear and well-articulated theory.

IOWA PIC CRITERIA (CONT'D)

- ✘ The practice has associated methods of ensuring fidelity.
- ✘ The practice can be evaluated.
- ✘ The practice shows good retention rates for clients.
- ✘ The practice addresses cultural diversity and different populations.
- ✘ The practice can be used by staff with a wide diversity of backgrounds and training.

BARRIERS OR CHALLENGES WILL INCLUDE

- ✘ Administrative philosophy
- ✘ Organizational policy
- ✘ System structure
- ✘ Unclear literature (regarding the practice or innovation)
- ✘ Agency staff (resistance, insufficient communication)
- ✘ Client population

OTHER BARRIERS TO ADOPTION INCLUDE

- ✘ The innovation itself may be difficult to implement
 - + Specialized training and ongoing supervision may be required to fully implement the innovation
- ✘ Limited organizational resources
 - + unavailability of physicians or nursing staff for medications
 - + the technology may not be there (computers, EHR systems, etc)
 - + physical space constraints
- ✘ Financing issues
 - + the approach may not be reimbursed by third parties
 - + start up costs (free vs. proprietary materials)

